#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: KINDRED HEARTS GREEN BAY (0010819)

Address: 653 WOODSIDE RD, GREEN BAY, WI 54311

**License Status: REGULAR** 

Licensed/Certified/Registered 01/01/2005

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History** 

Survey ID: 0094465 End Date: 03/14/2005 Type: OTHER Purpose: COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007132 Served 04/09/2005

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.19(1)(d) PHYSICAL OR MENTAL CONDITION 83.21(4)(p) PROMPT AND ADEQUATE TREATMENT

83.33(2)(a) SUPERVISION

Survey ID: 0094054 End Date: 12/23/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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### **Enforcement History**

Date: 04/06/2005 SOD #10007132 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(1)(d) FORFEITURE---83.21(4)(p) FORFEITURE---83.33(2)(a)

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**Complaint History** 

Date Complaint Received: 12/17/2004 Date Investigation Completed: 03/23/2005

Subject Area(s)ResultSOD #RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED04/06/05

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